

Please type a plus (+) sign in this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No.	S01.12-0979/STL 11229.00
First Inventor or Application Identifier	Michael David Mundt et al.
Title	AIR BEARING SLIDER HAVING A BEARING PROFILE CONTOURED FOR PRESSURIZATION PROXIMATE TO NODAL REGIONS OF A SLIDER-DISC INTERFACE
Express Mail Label No.	EV 241979446 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

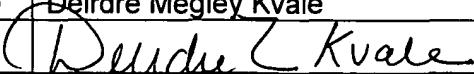
Address To: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/>	*Fee Transmittal Form e.g., PTO/SB17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)
2. <input type="checkbox"/>	Applicant Claims small entity status	8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)
3. <input checked="" type="checkbox"/>	Specification [Total Sheets 19] (preferred arrangement set forth below - Descriptive title of the Invention) - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. § 113) [Total Sheets 12]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input type="checkbox"/>	Oath or Declaration [Total Sheets 2]	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input checked="" type="checkbox"/>	Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/>	Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input checked="" type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/>	<u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input checked="" type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
18. <input type="checkbox"/>	If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: - <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation -in part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group/Art Unit: _____	

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below	
Name	Deirdre Megley Kvale WESTMAN CHAMPLIN & KELLY				
Address	Suite 1600 – International Centre 900 South Second Avenue				
City	Minneapolis	State	MN	Zip Code	55402-3319
Country	USA	Telephone	(612) 334-3222		Fax (612) 334-3312

Name (Print/type)	Deirdre Megley Kvale	Registration No. (Attorney/Agent)	35,612
Signature			Date 6/27/03

FEE TRANSMITTAL

Complete if Known																																																																																																																																																																																									
Application No.																																																																																																																																																																																									
Filing Date			HEREWITH																																																																																																																																																																																						
First Named Inventor			Michael David Mundt et al.																																																																																																																																																																																						
Title			AIR BEARING SLIDER HAVING A BEARING PROFILE CONTOURED FOR PRESSURIZATION PROXIMATE TO NODAL REGIONS OF A SLIDER-DISC INTERFACE																																																																																																																																																																																						
Group Art Unit																																																																																																																																																																																									
Examiner Name																																																																																																																																																																																									
Total Amount of Payment \$852			Atty. Docket Number S01.12-0979/STL 11229.00																																																																																																																																																																																						
METHOD OF PAYMENT (Check One)			FEE CALCULATION (Continued)																																																																																																																																																																																						
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A.			3. ADDITIONAL FEES																																																																																																																																																																																						
2. <input checked="" type="checkbox"/> Check Enclosed			<table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>Total</td> <td>21</td> <td>20</td> <td>1</td> <td>18</td> <td>18</td> </tr> <tr> <td>Indep.</td> <td>4</td> <td>3</td> <td>1</td> <td>84</td> <td>84</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims</td> </tr> <tr> <td colspan="6">** Insert 3 and 20, or number previously paid if greater; Reissue see below</td> </tr> <tr> <td colspan="6"> <table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th colspan="4">Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td colspan="2">Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="6" style="text-align: right;">Subtotal (2) \$102</td> </tr> <tr> <td colspan="6" style="text-align: right;">Other Fee (specify) _____</td> </tr> <tr> <td colspan="6" style="text-align: right;">Subtotal (3) \$0</td> </tr> </tbody> </table>			Large Entity Fee	Small Entity Fee	Fee Description			Fee Paid	Code	(\$)	Code	(\$)			1051	130	2051	65	Surcharge - Late filing fee or oath		1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet		1053	130	1053	130	Non-English specification		1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)		1251	110	2251	55	Extension for reply within first month		1252	410	2252	205	Extension for reply within second month		1253	930	2253	465	Extension for reply within third month		1254	1,450	2254	725	Extension for reply within fourth month		1255	1,970	2255	985	Extension for reply within fifth month		1402	320	2402	160	Filing a brief in support of an appeal		1403	280	2403	140	Request for oral hearing		1814	110	2814	55	Terminal Disclaimer Fee		1452	110	2452	55	Petition to Revive - unavoidable		Total	21	20	1	18	18	Indep.	4	3	1	84	84	Multiple Dependent Claims						** Insert 3 and 20, or number previously paid if greater; Reissue see below						<table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th colspan="4">Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td colspan="2">Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>						Large Entity Fee	Small Entity Fee	Description				Code	(\$)	Code	(\$)			1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple Dependent Claims		1204	84	2204	42	Reissue Independent Claims over Original Patent		1205	18	2205	9	Reissue claims in excess of 20 and over original patent		Subtotal (2) \$102						Other Fee (specify) _____						Subtotal (3) \$0					
Large Entity Fee	Small Entity Fee	Fee Description			Fee Paid																																																																																																																																																																																				
Code	(\$)	Code	(\$)																																																																																																																																																																																						
1051	130	2051	65	Surcharge - Late filing fee or oath																																																																																																																																																																																					
1052	50	2052	25	Surcharge - Late provisional Filing Fee or cover sheet																																																																																																																																																																																					
1053	130	1053	130	Non-English specification																																																																																																																																																																																					
1812	2,520	1812	2,520	For Filing a Request for Reexamination. (ex parte)																																																																																																																																																																																					
1251	110	2251	55	Extension for reply within first month																																																																																																																																																																																					
1252	410	2252	205	Extension for reply within second month																																																																																																																																																																																					
1253	930	2253	465	Extension for reply within third month																																																																																																																																																																																					
1254	1,450	2254	725	Extension for reply within fourth month																																																																																																																																																																																					
1255	1,970	2255	985	Extension for reply within fifth month																																																																																																																																																																																					
1402	320	2402	160	Filing a brief in support of an appeal																																																																																																																																																																																					
1403	280	2403	140	Request for oral hearing																																																																																																																																																																																					
1814	110	2814	55	Terminal Disclaimer Fee																																																																																																																																																																																					
1452	110	2452	55	Petition to Revive - unavoidable																																																																																																																																																																																					
Total	21	20	1	18	18																																																																																																																																																																																				
Indep.	4	3	1	84	84																																																																																																																																																																																				
Multiple Dependent Claims																																																																																																																																																																																									
** Insert 3 and 20, or number previously paid if greater; Reissue see below																																																																																																																																																																																									
<table border="1"> <thead> <tr> <th>Large Entity Fee</th> <th>Small Entity Fee</th> <th colspan="4">Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td colspan="2">Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>						Large Entity Fee	Small Entity Fee	Description				Code	(\$)	Code	(\$)			1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple Dependent Claims		1204	84	2204	42	Reissue Independent Claims over Original Patent		1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																																																																																																											
Large Entity Fee	Small Entity Fee	Description																																																																																																																																																																																							
Code	(\$)	Code	(\$)																																																																																																																																																																																						
1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																					
1201	84	2201	42	Independent claims in excess of 3																																																																																																																																																																																					
1203	280	2203	140	Multiple Dependent Claims																																																																																																																																																																																					
1204	84	2204	42	Reissue Independent Claims over Original Patent																																																																																																																																																																																					
1205	18	2205	9	Reissue claims in excess of 20 and over original patent																																																																																																																																																																																					
Subtotal (2) \$102																																																																																																																																																																																									
Other Fee (specify) _____																																																																																																																																																																																									
Subtotal (3) \$0																																																																																																																																																																																									

Signature Deirdre Z Kvale
 (Deirdre Megley Kvale)

Reg. No. 35,612

Date June 27, 2003

Deposit Account No. 23-1123